

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF OKLAHOMA

Case number (if known) Chapter 9

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	Pushmataha County - City of Antlers Hospital Authority	
2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names		
3. Debtor's federal Employer Identification Number (EIN)	45-0608064	
4. Debtor's address	Principal place of business 510 East Main Street Antlers, OK 74523 Number, Street, City, State & ZIP Code Pushmataha County	Mailing address, if different from principal place of business P.O. Box, Number, Street, City, State & ZIP Code Location of principal assets, if different from principal place of business Number, Street, City, State & ZIP Code
5. Debtor's website (URL)	www.pushhospital.com	
6. Type of debtor	<input type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input checked="" type="checkbox"/> Other. Specify: Municipality	

**7. Describe debtor's business** A. *Check one:*

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☐ None of the above

B. *Check all that apply*

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)  
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)  
☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

**8. Under which chapter of the Bankruptcy Code is the debtor filing?** *Check one:*

- ☐ Chapter 7  
☒ Chapter 9  
☐ Chapter 11. *Check all that apply:*  
☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).  
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☐ A plan is being filed with this petition.  
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.  
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.  
☐ Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?** ☒ No.  
☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?** ☒ No.  
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

**11. Why is the case filed in this district?**

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention?** (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? \_\_\_\_\_

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other \_\_\_\_\_

**Where is the property?** \_\_\_\_\_

Number, Street, City, State & ZIP Code

**Is the property insured?**

☐ No

☐ Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

**Statistical and administrative information**

**13. Debtor's estimation of available funds**

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

**14. Estimated number of creditors**

☐ 1-49

☐ 50-99

☒ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

**15. Estimated Assets**

☒ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

**16. Estimated liabilities**

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☒ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Debtor **Pushmataha County - City of Antlers Hospital Authority**  
Name

Case number (if known) \_\_\_\_\_

**Request for Relief, Declaration, and Signatures**

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **September 23, 2016**  
MM / DD / YYYY

**X /s/ David Smith**  
Signature of authorized representative of debtor  
  
**Chairman, Pushmataha County-City of  
Antlers Hosp. Authority**  
Title

**David Smith**  
Printed name

**18. Signature of attorney**

**X /s/ Jeffrey E. Tate**  
Signature of attorney for debtor

Date **September 23, 2016**  
MM / DD / YYYY

**Jeffrey E. Tate**  
Printed name

**Christensen Law Group, P.L.L.C.**  
Firm name

**The Parkway Building  
3401 N.W. 63rd Street  
Oklahoma City, OK 73116**  
Number, Street, City, State & ZIP Code

Contact phone **405-232-2020** Email address **jeffrey@christensenlawgroup.com**

**17150**  
Bar number and State

**Fill in this information to identify the case:**

Debtor name Pushmataha County - City of Antlers Hospital Authority

United States Bankruptcy Court for the: EASTERN DISTRICT OF OKLAHOMA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule* \_\_\_\_\_
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on September 23, 2016

X /s/ David Smith

Signature of individual signing on behalf of debtor

David Smith

Printed name

Chairman, Pushmataha County-City of Antlers Hosp. Authority

Position or relationship to debtor

**Fill in this information to identify the case:**

Debtor name **Pushmataha County - City of Antlers Hospital Authority**  
 United States Bankruptcy Court for the: **EASTERN DISTRICT OF OKLAHOMA**  
 Case number (if known): \_\_\_\_\_

☐ Check if this is an  
amended filing

**Official Form 204**
**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**
12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
AIRGAS USA LLC 1 WEST CHOCTAW McAlester, OK 74501						\$24,579.42
AT&T PO BOX 5001 Carol Stream, IL 60197						\$101,790.87
ATOKA COUNTY MEDICAL CENTER PO BOX 1107 Atoka, OK 74525						\$295,385.83
BKD LLP 6120 S YALE AVE SUITE 1400 Tulsa, OK 74136						\$31,665.15
CONNER AND WINTERS LLP 400 ONE WILLIAMS CENTER Tulsa, OK 74172						\$36,827.94
CPSI 6600 WALL STREET Mobile, AL 36695						\$54,908.09
CROWE AND DUNLEVY 324 N ROBINSON AVE STE 100 Oklahoma City, OK 73102						\$38,795.90
EMPLOYEES GROUP INSURANCE PO BOX 269022 Oklahoma City, OK 73126						\$36,391.80

Debtor **Pushmataha County - City of Antlers Hospital Authority**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
GE MEDICAL SYSTEMS PO BOX 843553 Dallas, TX 75284						\$50,066.63
HEARTLAND PATHOLOGY CONSULTANT PO BOX 26343 Oklahoma City, OK 73126						\$37,494.18
HOSPIRA WORLDWIDE INC 75 REMITTANCE DRIVE SUITE 6136 Chicago, IL 60675						\$27,586.83
INTERNAL REVENUE SERVICE PO BOX 37941 Hartford, CT 06176-7941			Disputed			\$65,000.00
LEGACY THERAPY RT 1 BOX 1330 Antlers, OK 74523						\$57,999.96
OK EMPLOYMENT SECURITY COMMISSION PO BOX 52004 Oklahoma City, OK 73152-2004						\$44,669.55
OK HEALTH CARE ASSOCIATION PREMIUM LOCK BOX PO BOX 2038 Oklahoma City, OK 73101						\$35,457.24
OLYMPUS AMERICA INC 3500 CORPORATE PARKWAY Center Valley, PA 18034						\$225,213.88
OLYMPUS FINANCIAL SERVICE PO BOX 200183 Pittsburgh, PA 15251-0183						\$151,957.46
PTR HEALTHCARE MANAGEMENT SOLUTIONS, LLC 261 WEST HWY 3 Atoka, OK 74525						\$139,679.68

Debtor **Pushmataha County - City of Antlers Hospital Authority**  
Name

Case number (if known) \_\_\_\_\_

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
ROWLAND FLATT CLINIC 603 NE 2ND STREET Antlers, OK 74523						\$1,464,415.03
SOUTHEASTERN EMERGENCY SERVICE 1201 E JACKSON Hugo, OK 74743						\$270,000.00

**Fill in this information to identify the case:**Debtor name **Pushmataha County - City of Antlers Hospital Authority**United States Bankruptcy Court for the: **EASTERN DISTRICT OF OKLAHOMA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims****2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
<b>2.1</b>	<b>FIRSTBANK ANTLERS</b> Creditor's Name  <b>PO BOX 458</b> <b>Antlers, OK 74523</b> Creditor's mailing address  Creditor's email address, if known  Date debt was incurred  Last 4 digits of account number  Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien  Describe the lien  Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$402,096.12</b>  <b>\$0.00</b>

<b>2.2</b>	<b>FIRSTBANK ATOKA</b> Creditor's Name  <b>701 S MISSISSIPPI</b> <b>Atoka, OK 74525</b> Creditor's mailing address  Creditor's email address, if known  Date debt was incurred  Last 4 digits of account number  Do multiple creditors have an interest in the same property? <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien  Describe the lien  Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply	<b>\$200,000.00</b>  <b>\$0.00</b>
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Debtor **Pushmataha County - City of Antlers Hospital Authority**

Case number (if know) \_\_\_\_\_

Name

☒ No  
☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

☐ Contingent  
☐ Unliquidated  
☐ Disputed

**2.3 INTERBANK**

Creditor's Name

Describe debtor's property that is subject to a lien

**\$2,372,890.43**

**Unknown**

Creditor's mailing address

Describe the lien

Is the creditor an insider or related party?

☒ No  
☐ Yes

Is anyone else liable on this claim?

☒ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an  
interest in the same property?

☒ No  
☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

As of the petition filing date, the claim is:  
Check all that apply

☐ Contingent  
☐ Unliquidated  
☒ Disputed

**2.4 USDA**

Creditor's Name

Describe debtor's property that is subject to a lien

**\$2,885,961.52**

**Unknown**

Creditor's mailing address

Describe the lien

Is the creditor an insider or related party?

☒ No  
☐ Yes

Is anyone else liable on this claim?

☒ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an  
interest in the same property?

☒ No  
☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

As of the petition filing date, the claim is:  
Check all that apply

☐ Contingent  
☐ Unliquidated  
☒ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$5,860,948.07**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Debtor **Pushmataha County - City of Antlers Hospital**  
**Authority**

Case number (if know)

Name

Name and address

On which line in Part 1 did  
you enter the related creditor?

Last 4 digits of  
account number for  
this entity

C H WYATT JR  
309 S RANCHWOOD BLVD  
PO BOX 851220  
Yukon, OK 73085

Line 2.4

C H WYATT JR  
309 S RANCHWOOD BLVD  
PO BOX 851220  
Yukon, OK 73085

Line 2.3

ROBERT LUTTRELL III  
211 N ROBINSON  
SUITE 1000  
TWO LEADERSHIP SQUARE 10TH FLOOR  
Oklahoma City, OK 73102

Line 2.4

ROBERT LUTTRELL III  
211 N ROBINSON  
SUITE 1000  
TWO LEADERSHIP SQUARE 10TH FLOOR  
Oklahoma City, OK 73102

Line 2.3

**Fill in this information to identify the case:**Debtor name **Pushmataha County - City of Antlers Hospital Authority**United States Bankruptcy Court for the: **EASTERN DISTRICT OF OKLAHOMA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.☐ Yes. Go to line 2.**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address <b>ADMINISTRATIVE CONSULTANT SERVICES LLC</b> <b>PO BOX 3368</b> <b>Shawnee, OK 74802</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$5,550.10</b>
3.2	Nonpriority creditor's name and mailing address <b>ADVANCED MOLECULAR DIAGNOSTICS</b> <b>535 EAST CRESENT AVENUE</b> <b>Ramsey, NJ 07446</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$14,400.00</b>
3.3	Nonpriority creditor's name and mailing address <b>AIRGAS USA LLC</b> <b>1 WEST CHOCTAW</b> <b>McAlester, OK 74501</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$24,579.42</b>
3.4	Nonpriority creditor's name and mailing address <b>ALBERT C WITT JR</b> <b>5275 LAWRENCE 1225</b> <b>Ash Grove, MO 65604</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$95.00</b>

Debtor **Pushmataha County - City of Antlers Hospital**  
Authority

Case number (if known) \_\_\_\_\_

Name

3.5	Nonpriority creditor's name and mailing address <b>ALERE NORTH AMERICA INC</b> <b>PO BOX 846153</b> <b>Boston, MA 02284-6153</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$8,300.80</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	Nonpriority creditor's name and mailing address <b>ALL PHASE BUSINESS INC</b> <b>1920 E GLADWICK STREET</b> <b>RANCHO DOMINQUEZ, CA 90220</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$238.32</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.7	Nonpriority creditor's name and mailing address <b>ALLIANCE COMMUNICATION</b> <b>PO BOX 9090</b> <b>Tyler, TX 75711</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$618.98</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.8	Nonpriority creditor's name and mailing address <b>ALLIANCE HEALTH</b> <b>1800 W UNIVERSITY BLVD</b> <b>Durant, OK 74701</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$501.59</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.9	Nonpriority creditor's name and mailing address <b>ALLSTATE CANCER ACCIDENT</b> <b>PO BOX 650514</b> <b>Dallas, TX 75265</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$926.04</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.10	Nonpriority creditor's name and mailing address <b>AMANDA BREWER</b> <b>575 E BLACKJACK</b> <b>Atoka, OK 74525</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$115.50</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.11	Nonpriority creditor's name and mailing address <b>AMBU INC</b> <b>PO BOX 64118</b> <b>Baltimore, MD 21264-4118</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$454.96</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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Name

3.12	Nonpriority creditor's name and mailing address <b>AMERICAN ASSOCIATION OF BIOANA 205 WEST LEVEE STREET Brownsville, TX 78520</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$119.00</b>
3.13	Nonpriority creditor's name and mailing address <b>AMERICAN HOSPITAL ASSOCIATION PO BOX 92247 CHICAGO, IL 60675</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,315.00</b>
3.14	Nonpriority creditor's name and mailing address <b>AMN HEALTHCARE INC FILE 56157 Los Angeles, CA 90074</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,546.50</b>
3.15	Nonpriority creditor's name and mailing address <b>ANESTHESIA SERVICES INC 1821 N CLASSEN BLVD SUITE 100 Oklahoma City, OK 73106</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,940.00</b>
3.16	Nonpriority creditor's name and mailing address <b>ANTHEM BLUE CROSS PO BOX 70000 Van Nuys, CA 91470</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$50.80</b>
3.17	Nonpriority creditor's name and mailing address <b>ANTLERS AMERICA PO BOX 578 Antlers, OK 74523</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$113.80</b>
3.18	Nonpriority creditor's name and mailing address <b>ANTLERS HARDWARE 103 N HIGH ST Antlers, OK 74523</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$504.74</b>

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3.19 Nonpriority creditor's name and mailing address

**ANTLERS PHARMACY  
PO BOX 487  
Antlers, OK 74523**

Date(s) debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_\_

Is the claim subject to offset? ☒ No ☐ Yes

**\$447.74**

3.20 Nonpriority creditor's name and mailing address

**ANTLERS PUBLIC WORKS  
100 S E 2ND STREET  
Antlers, OK 74523**

Date(s) debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_\_

Is the claim subject to offset? ☒ No ☐ Yes

**\$14,798.10**

3.21 Nonpriority creditor's name and mailing address

**ANTLERS ROOF AND TRUST CO  
1010 N E 5TH STREET  
Antlers, OK 74523**

Date(s) debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_\_

Is the claim subject to offset? ☒ No ☐ Yes

**\$404.30**

3.22 Nonpriority creditor's name and mailing address

**ARMSTRONG MEDICAL INDUSTRIES  
575 KNIGHTBRIDGE PARKWAY  
Lincolnshire, IL 60069**

Date(s) debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_\_

Is the claim subject to offset? ☒ No ☐ Yes

**\$2,001.50**

3.23 Nonpriority creditor's name and mailing address

**ARROW MACHINERY CO  
121 MARTIN LUTHER KING AVE  
Oklahoma City, OK 73117**

Date(s) debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_\_

Is the claim subject to offset? ☒ No ☐ Yes

**\$39.62**

3.24 Nonpriority creditor's name and mailing address

**AT&T  
PO BOX 105068  
Atlanta, GA 30348**

Date(s) debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_\_

Is the claim subject to offset? ☒ No ☐ Yes

**\$113.37**

3.25 Nonpriority creditor's name and mailing address

**AT&T  
PO BOX 5001  
Carol Stream, IL 60197**

Date(s) debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_\_

Is the claim subject to offset? ☒ No ☐ Yes

**\$101,790.87**

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Name

3.26 Nonpriority creditor's name and mailing address

**AT&T**  
**PO BOX 105068**  
**Atlanta, GA 30348**

Date(s) debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_\_

Is the claim subject to offset? ☒ No ☐ Yes

**\$49.86**

3.27 Nonpriority creditor's name and mailing address

**AT&T**  
**PO BOX 5001**  
**Carol Stream, IL 60197**

Date(s) debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_\_

Is the claim subject to offset? ☒ No ☐ Yes

**\$16,642.13**

3.28 Nonpriority creditor's name and mailing address

**AT&T LONG DISTANCE**  
**PO BOX 5017**  
**Carol Stream, IL 60197**

Date(s) debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_\_

Is the claim subject to offset? ☒ No ☐ Yes

**\$6,631.46**

3.29 Nonpriority creditor's name and mailing address

**AT&T WIRELESS**  
**PO BOX 537104**  
**Atlanta, GA 30353-7104**

Date(s) debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_\_

Is the claim subject to offset? ☒ No ☐ Yes

**\$695.62**

3.30 Nonpriority creditor's name and mailing address

**ATCO INTERNATIONAL ATTN ACCT REC**  
**1401 BARCLAY CIRCLE, SE**  
**MARIETTA, GA 03006-0250**

Date(s) debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_\_

Is the claim subject to offset? ☒ No ☐ Yes

**\$2,232.00**

3.31 Nonpriority creditor's name and mailing address

**ATOKA COUNTY MEDICAL CENTER**  
**PO BOX 1107**  
**Atoka, OK 74525**

Date(s) debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_\_

Is the claim subject to offset? ☒ No ☐ Yes

**\$295,385.83**

3.32 Nonpriority creditor's name and mailing address

**AUREUS RADIOLOGY LLC**  
**PO BOX 3037**  
**Omaha, NE 68103**

Date(s) debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_\_

Is the claim subject to offset? ☒ No ☐ Yes

**\$7,237.30**

Debtor **Pushmataha County - City of Antlers Hospital**  
Authority

Case number (if known) \_\_\_\_\_

Name

3.33	Nonpriority creditor's name and mailing address <b>BANCFIRST</b> <b>501 E CARL ALBERT PKWY</b> <b>McAlester, OK 74501</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$593.25</b>
3.34	Nonpriority creditor's name and mailing address <b>BECKMAN COULTER INC</b> <b>DEPT CH 10164</b> <b>Palatine, IL 60055</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,584.22</b>
3.35	Nonpriority creditor's name and mailing address <b>BIO RAD LABORATORIES INC CLINICAL</b> <b>DIAG</b> <b>DEPT 9740</b> <b>Los Angeles, CA 90084</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,793.34</b>
3.36	Nonpriority creditor's name and mailing address <b>BIOMERIEUX VITEK INC</b> <b>PO BOX 500308</b> <b>Saint Louis, MO 63150</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,198.83</b>
3.37	Nonpriority creditor's name and mailing address <b>BKD LLP</b> <b>6120 S YALE AVE SUITE 1400</b> <b>Tulsa, OK 74136</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$31,665.15</b>
3.38	Nonpriority creditor's name and mailing address <b>BRENTS HEAT AND AIR</b> <b>HC 83 BOX 125</b> <b>Antlers, OK 74523</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$899.95</b>
3.39	Nonpriority creditor's name and mailing address <b>BRIGGS CORPORATION</b> <b>PO BOX 1355</b> <b>Des Moines, IA 50305</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$102.14</b>

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3.40	Nonpriority creditor's name and mailing address <b>BRUMMITT AND ASSOCIATES INC</b> <b>4418 MONTECELLO PLACE</b> <b>Enid, OK 73703</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,500.00</b>
3.41	Nonpriority creditor's name and mailing address <b>BUDDYS PLUMBING APPLIANCE</b> <b>114 E MAIN STREET</b> <b>Antlers, OK 74523</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$361.69</b>
3.42	Nonpriority creditor's name and mailing address <b>BYTESPEED</b> <b>3131 24TH AVE S</b> <b>MOOREHEAD, MN 56560</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$504.00</b>
3.43	Nonpriority creditor's name and mailing address <b>CARDINAL HEALTH DALLAS DIVISION</b> <b>PO BOX 847384</b> <b>Dallas, TX 75284</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,174.09</b>
3.44	Nonpriority creditor's name and mailing address <b>CARE LEARNING</b> <b>6820 DEERPATH ROAD</b> <b>Elkridge, MD 21075</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,750.00</b>
3.45	Nonpriority creditor's name and mailing address <b>CAREFUSION</b> <b>25146 NETWORK PLACE</b> <b>Chicago, IL 60673-1250</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$510.18</b>
3.46	Nonpriority creditor's name and mailing address <b>CARESTREAM HEALTH INC</b> <b>DEPT CH 19286</b> <b>Palatine, IL 60055</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,919.30</b>

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3.47	Nonpriority creditor's name and mailing address <b>CARQUEST AUTO PARTS</b> <b>604 EAST MAIN</b> <b>Antlers, OK 74523</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$41.62</b>
3.48	Nonpriority creditor's name and mailing address <b>CDW GOVERNMENT INC</b> <b>75 REMITTANCE DRIVE SUITE 1515</b> <b>Chicago, IL 60675</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,468.44</b>
3.49	Nonpriority creditor's name and mailing address <b>CECILIA SUTTERFIELD PERSONAL REP</b> <b>CO JON ED BROWN</b> <b>102 WEST JACKSON STREET</b> <b>Hugo, OK 74743</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.50	Nonpriority creditor's name and mailing address <b>CENTERPOINT ENERGY SERVICES INC</b> <b>PO BOX 301149</b> <b>Dallas, TX 75303</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$254.69</b>
3.51	Nonpriority creditor's name and mailing address <b>CHARLOTTE MCANALLY</b> <b>155 N 4325 RD</b> <b>Hugo, OK 74743</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$77.00</b>
3.52	Nonpriority creditor's name and mailing address <b>CHEMSEARCH</b> <b>PO BOX 971269</b> <b>Dallas, TX 75397</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$181.23</b>
3.53	Nonpriority creditor's name and mailing address <b>CHOCTAW MEMORIAL HOSPITAL</b> <b>1405 EAST KIRK</b> <b>Hugo, OK 74743</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17,893.21</b>

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3.54	Nonpriority creditor's name and mailing address <b>CLIA LABORATORY PROGRAM</b> <b>PO BOX 530882</b> <b>Atlanta, GA 30353</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,402.00</b>
3.55	Nonpriority creditor's name and mailing address <b>CNA SURETY</b> <b>PO BOX 802876</b> <b>600, IL 60680</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$600.00</b>
3.56	Nonpriority creditor's name and mailing address <b>COBRA ONE</b> <b>1350 SOUTH BOULDER SUITE 300</b> <b>Tulsa, OK 74119</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,638.29</b>
3.57	Nonpriority creditor's name and mailing address <b>COMPLIANCE CONSULTANTS</b> <b>67 EARNHARDT CIRCLE</b> <b>Cabot, AR 72023</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,200.00</b>
3.58	Nonpriority creditor's name and mailing address <b>CONNER AND WINTERS LLP</b> <b>400 ONE WILLIAMS CENTER</b> <b>Tulsa, OK 74172</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$36,827.94</b>
3.59	Nonpriority creditor's name and mailing address <b>COOK MEDICAL INC</b> <b>22988 NETWORK PLACE</b> <b>Chicago, IL 60673</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$816.49</b>
3.60	Nonpriority creditor's name and mailing address <b>COOPER SURGICAL</b> <b>PO BOX 712280</b> <b>Cincinnati, OH 45271</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,217.18</b>

Debtor **Pushmataha County - City of Antlers Hospital Authority**

Case number (if known) \_\_\_\_\_

Name

3.61	Nonpriority creditor's name and mailing address <b>CPSI</b> <b>6600 WALL STREET</b> <b>Mobile, AL 36695</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$54,908.09</b>
3.62	Nonpriority creditor's name and mailing address <b>CROWE AND DUNLEVY</b> <b>324 N ROBINSON AVE STE 100</b> <b>Oklahoma City, OK 73102</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$38,795.90</b>
3.63	Nonpriority creditor's name and mailing address <b>DANIEL O ROWLAND</b> <b>1201 E JACKSON</b> <b>Hugo, OK 74743</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,330.00</b>
3.64	Nonpriority creditor's name and mailing address <b>DANWELL COMPANIES</b> <b>PO BOX 5304</b> <b>Durant, OK 74702</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,264.00</b>
3.65	Nonpriority creditor's name and mailing address <b>DELTA DENTAL</b> <b>PO BOX 960020</b> <b>Oklahoma City, OK 73196</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,615.72</b>
3.66	Nonpriority creditor's name and mailing address <b>DEYTA</b> <b>7400 NEW LAGRANGE ROAD SUITE 200</b> <b>Louisville, KY 40222</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$90.00</b>
3.67	Nonpriority creditor's name and mailing address <b>DIAGNOSTIC IMAGING ASSOC</b> <b>4500 S GARNETT STE 919</b> <b>Tulsa, OK 74146</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,074.00</b>

Debtor **Pushmataha County - City of Antlers Hospital**  
Authority

Case number (if known) \_\_\_\_\_

Name

3.68	Nonpriority creditor's name and mailing address <b>DIAGNOSTIC IMAGING ASSOCIATES INC</b> <b>PO BOX 973038</b> <b>Dallas, TX 75397</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$102.00</b>
3.69	Nonpriority creditor's name and mailing address <b>DIRECT SUPPLY</b> <b>BOX 88201</b> <b>Milwaukee, WI 53288</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$444.88</b>
3.70	Nonpriority creditor's name and mailing address <b>DJO LLC</b> <b>PO BOX 650777</b> <b>Dallas, TX 75265</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$461.07</b>
3.71	Nonpriority creditor's name and mailing address <b>DURANT ANESTHESIA ASSOC</b> <b>PO BOX 5125</b> <b>Durant, OK 74702</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,600.00</b>
3.72	Nonpriority creditor's name and mailing address <b>EDWARD SLOAN AND ASSOCIATES</b> <b>PO BOX 788</b> <b>Winnsboro, TX 75494</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,704.86</b>
3.73	Nonpriority creditor's name and mailing address <b>EDWIN FRENCH ELLIS</b> <b>PO BOX 277</b> <b>Antlers, OK 74523</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,000.00</b>
3.74	Nonpriority creditor's name and mailing address <b>ELECTRONIC DICTATION OF TULSA INC</b> <b>9717 E 42ND ST STE 142</b> <b>Tulsa, OK 74146</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,312.52</b>

Debtor **Pushmataha County - City of Antlers Hospital**  
Authority

Case number (if known) \_\_\_\_\_

Name

3.75	Nonpriority creditor's name and mailing address <b>EMPLOYEES GROUP INSURANCE</b> <b>PO BOX 269022</b> <b>Oklahoma City, OK 73126</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$36,391.80</b>
3.76	Nonpriority creditor's name and mailing address <b>ESOLUTIONS INC CO BESSENDACHER</b> <b>COMM</b> <b>PO BOX 480108</b> <b>Kansas City, MO 64148</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,500.00</b>
3.77	Nonpriority creditor's name and mailing address <b>ESTATE OF PHILLIP CHAMBERS</b> <b>CO JON ED BROWN</b> <b>102 WEST JACKSON STREET</b> <b>Hugo, OK 74743</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.78	Nonpriority creditor's name and mailing address <b>ESTES EXPRESS LINES</b> <b>PO BOX 25612</b> <b>Richmond, VA 23260</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$711.20</b>
3.79	Nonpriority creditor's name and mailing address <b>ETHEL M HAUGEN</b> <b>2128 N 14TH STREET 1</b> <b>BOX 267</b> <b>Ponca City, OK 74601</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17,000.00</b>
3.80	Nonpriority creditor's name and mailing address <b>FARM BUREAU MUTUAL INSURANCE</b> <b>COMPANY</b> <b>BOX 53332</b> <b>Oklahoma City, OK 73152</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$25.00</b>
3.81	Nonpriority creditor's name and mailing address <b>FASTHEALTH CORPORATION</b> <b>1001 23RD AVE SUITE C</b> <b>Tuscaloosa, AL 35401</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,824.96</b>

Debtor **Pushmataha County - City of Antlers Hospital**  
Authority

Case number (if known) \_\_\_\_\_

Name

3.82	Nonpriority creditor's name and mailing address <b>FEDEX</b> <b>PO BOX 660481</b> <b>Dallas, TX 75266</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$167.99</b>
3.83	Nonpriority creditor's name and mailing address <b>FIRST INSURANCE AN AFFILIATE OF FIRST BA</b> <b>PO BOX 960</b> <b>ATOKA, OK 74525</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,168.00</b>
3.84	Nonpriority creditor's name and mailing address <b>FIRSTBANK ANTLERS</b> <b>PO BOX 458</b> <b>Antlers, OK 74523</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$931.05</b>
3.85	Nonpriority creditor's name and mailing address <b>FISHER HEALTHCARE ACCT 5151710001</b> <b>PO BOX 404705</b> <b>Atlanta, GA 30384-4000</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,568.95</b>
3.86	Nonpriority creditor's name and mailing address <b>FIVE STAR OFFICE SUPPLY</b> <b>127 W MAIN</b> <b>Durant, OK 74701</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,483.53</b>
3.87	Nonpriority creditor's name and mailing address <b>GCX CORPORATION</b> <b>PO BOX 1410</b> <b>Suisun City, CA 94585</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$77.29</b>
3.88	Nonpriority creditor's name and mailing address <b>GE HEALTHCARE</b> <b>PO BOX 641419</b> <b>Pittsburgh, PA 15264</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,737.16</b>

Debtor **Pushmataha County - City of Antlers Hospital**  
Authority

Case number (if known) \_\_\_\_\_

Name

3.89 Nonpriority creditor's name and mailing address

**GE MEDICAL SYSTEMS**  
**PO BOX 843553**  
**Dallas, TX 75284**

Date(s) debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_\_

Is the claim subject to offset? ☒ No ☐ Yes

**\$50,066.63**

3.90 Nonpriority creditor's name and mailing address

**GE MEDICAL SYSTEMS**  
**5517 COLLECTIONS CENTER DR**  
**Chicago, IL 60693**

Date(s) debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_\_

Is the claim subject to offset? ☒ No ☐ Yes

**\$247.80**

3.91 Nonpriority creditor's name and mailing address

**GLOBAL EQUIPMENT CO**  
**PO BOX 905713**  
**Charlotte, NC 28290**

Date(s) debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_\_

Is the claim subject to offset? ☒ No ☐ Yes

**\$455.09**

3.92 Nonpriority creditor's name and mailing address

**GLOBAL GOVT ED SYX SERVICES**  
**PO BOX 442949**  
**Miami, FL 33144**

Date(s) debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_\_

Is the claim subject to offset? ☒ No ☐ Yes

**\$303.88**

3.93 Nonpriority creditor's name and mailing address

**GRIFFIN COMMUNICATIONS**  
**PO BOX 160**  
**Point, TX 75472**

Date(s) debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_\_

Is the claim subject to offset? ☒ No ☐ Yes

**\$450.00**

3.94 Nonpriority creditor's name and mailing address

**HEALTHCARE FIRST**  
**PO BOX 202975**  
**Dallas, TX 75320**

Date(s) debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_\_

Is the claim subject to offset? ☒ No ☐ Yes

**\$375.00**

3.95 Nonpriority creditor's name and mailing address

**HEALTHCARE LOGISTICS**  
**PO BOX 400**  
**Circleville, OH 43113**

Date(s) debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_\_

Is the claim subject to offset? ☒ No ☐ Yes

**\$1,394.18**

Debtor **Pushmataha County - City of Antlers Hospital**  
Authority

Case number (if known) \_\_\_\_\_

Name

3.96	Nonpriority creditor's name and mailing address <b>HEARTLAND PATHOLOGY CONSULTANT</b> <b>PO BOX 26343</b> <b>Oklahoma City, OK 73126</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$37,494.18</b>
3.97	Nonpriority creditor's name and mailing address <b>HILL ROM</b> <b>PO BOX 643592</b> <b>Pittsburgh, PA 15264</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$31.16</b>
3.98	Nonpriority creditor's name and mailing address <b>HMS HEALTH LLC</b> <b>740 SPIRIT 40 PARK DRIVE</b> <b>Chesterfield, MO 63005</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$944.75</b>
3.99	Nonpriority creditor's name and mailing address <b>HOSPIRA WORLDWIDE INC</b> <b>75 REMITTANCE DRIVE SUITE 6136</b> <b>Chicago, IL 60675</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$27,586.83</b>
3.100	Nonpriority creditor's name and mailing address <b>INTERNAL REVENUE SERVICE</b> <b>PO BOX 37941</b> <b>Hartford, CT 06176-7941</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$65,000.00</b>
3.101	Nonpriority creditor's name and mailing address <b>IPFS CORPORATION</b> <b>PO BOX 730223</b> <b>Dallas, TX 75373-0223</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5.00</b>
3.102	Nonpriority creditor's name and mailing address <b>JASON MARONEY</b> <b>PO BOX 175</b> <b>Finley, OK 74543</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$50.60</b>

Debtor **Pushmataha County - City of Antlers Hospital**  
Authority

Case number (if known) \_\_\_\_\_

Name

3.103	Nonpriority creditor's name and mailing address <b>JETSCRIBE SOUTHEASTERN RADIO</b> <b>215 E CHOCTAW STE 103</b> <b>McAlester, OK 74501</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$1,166.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.104	Nonpriority creditor's name and mailing address <b>JOHNSON &amp; JOHNSON HEALTH CARE SYSTEMS</b> <b>5972 COLLECTIONS CTR DR</b> <b>Chicago, IL 60693</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$765.40</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.105	Nonpriority creditor's name and mailing address <b>KANION JONES</b> <b>413 S DOK RD</b> <b>Lane, OK 74555</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$24.20</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.106	Nonpriority creditor's name and mailing address <b>LABCORP</b> <b>PO BOX 12140</b> <b>Burlington, NC 27216-2140</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$13,467.88</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.107	Nonpriority creditor's name and mailing address <b>LABORATORY SUPPLY CO</b> <b>1951 BISHOP LANE</b> <b>SUITE 300</b> <b>Louisville, KY 40218</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$7,900.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.108	Nonpriority creditor's name and mailing address <b>LANDAUER INC</b> <b>PO BOX 809051</b> <b>Chicago, IL 60680-9051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$843.41</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.109	Nonpriority creditor's name and mailing address <b>LEGACY THERAPY</b> <b>RT 1 BOX 1330</b> <b>Antlers, OK 74523</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$57,999.96</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.110	Nonpriority creditor's name and mailing address <b>MAILFINANCE</b> <b>25881 NETWORK PLACE</b> <b>Chicago, IL 60673-1258</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$621.46</b>
3.111	Nonpriority creditor's name and mailing address <b>MAINE STANDARDS</b> <b>765 ROOSEVELT TRAIL</b> <b>SUITE 9A</b> <b>Windham, ME 04062</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$335.39</b>
3.112	Nonpriority creditor's name and mailing address <b>MCALESTER NEWS CAPITAL</b> <b>PO BOX 987</b> <b>McAlester, OK 74502</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$759.58</b>
3.113	Nonpriority creditor's name and mailing address <b>MED TECH SOLUTIONS</b> <b>1116 S 129 EAST AVENUE</b> <b>Tulsa, OK 74108</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,907.50</b>
3.114	Nonpriority creditor's name and mailing address <b>MEDISCRIBES INC</b> <b>12806 TOWNEPARK WAY</b> <b>Louisville, KY 40243</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,827.44</b>
3.115	Nonpriority creditor's name and mailing address <b>MEDIVATORS INC</b> <b>14605 28TH AVENUE NORTH</b> <b>Minneapolis, MN 55447-4822</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$876.52</b>
3.116	Nonpriority creditor's name and mailing address <b>MEDLINE INDUSTRIES</b> <b>DEPT 1080</b> <b>PO BOX 121080</b> <b>Dallas, TX 75312-1080</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,625.19</b>

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3.117	Nonpriority creditor's name and mailing address <b>METROPOLITAN TELECOMMUNICATION</b> <b>PO BOX 9660</b> <b>Manchester, NH 03108-9660</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,598.61</b>
3.118	Nonpriority creditor's name and mailing address <b>MICHAEL B EARLS &amp; KRISTINA</b> <b>PO BOX 1033</b> <b>JENKS, OK 74137</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$320.00</b>
3.119	Nonpriority creditor's name and mailing address <b>MILLER OFFICE EQUIPMENT</b> <b>900 E WYANDOTTE</b> <b>McAlester, OK 74501</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$295.00</b>
3.120	Nonpriority creditor's name and mailing address <b>MINDRAY DS US INC</b> <b>ATTN ELLIOT SILVER</b> <b>190 SYLVAN AVENUE</b> <b>Englewood Cliffs, NJ 07632</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,160.70</b>
3.121	Nonpriority creditor's name and mailing address <b>MUTUAL OF OMAHA - POLICYHOLDER</b> <b>SERVICE</b> <b>PO BOX 2147</b> <b>Omaha, NE 68103-2147</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,088.11</b>
3.122	Nonpriority creditor's name and mailing address <b>MYHEALTH ACCESS NETWORK</b> <b>ATTN DENISE DENNIS</b> <b>16 E 16 STREET</b> <b>SUITE 405</b> <b>Tulsa, OK 74119</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,970.47</b>
3.123	Nonpriority creditor's name and mailing address <b>NATIONAL ASSOCIATION OF CPSI CLIENTS</b> <b>INC</b> <b>REESE BAKER</b> <b>520 WEST GUM STREET</b> <b>Marion, KY 42064</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$200.00</b>

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3.124	Nonpriority creditor's name and mailing address <b>NATIONAL RESEARCH CORP</b> <b>PO BOX 809030</b> <b>Chicago, IL 60680-9030</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,951.56</b>
3.125	Nonpriority creditor's name and mailing address <b>NEOPOST USA INC</b> <b>25880 NETWORK PLACE</b> <b>Chicago, IL 60673-1258</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,100.00</b>
3.126	Nonpriority creditor's name and mailing address <b>NETWORK SERVICES COMPANY</b> <b>LOCKBOX 231805</b> <b>1805 MOMENTUM PLACE</b> <b>Chicago, IL 60689-5318</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$243.26</b>
3.127	Nonpriority creditor's name and mailing address <b>NUMED INC</b> <b>PO BOX 1098</b> <b>Denton, TX 76202</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,768.73</b>
3.128	Nonpriority creditor's name and mailing address <b>OFFICE EQUIPMENT CENTER</b> <b>PO BOX 1246</b> <b>Paris, TX 75461-1246</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$312.30</b>
3.129	Nonpriority creditor's name and mailing address <b>OHLIN SALES INC.</b> <b>6024 CULLIGAN WAY</b> <b>Minnetonka, MN 55345</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$65.06</b>
3.130	Nonpriority creditor's name and mailing address <b>OK EMPLOYMENT SECURITY COMMISSION</b> <b>PO BOX 52004</b> <b>Oklahoma City, OK 73152-2004</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$44,669.55</b>

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3.131	Nonpriority creditor's name and mailing address <b>OK HEALTH CARE ASSOCIATION PREMIUM LOCK BOX PO BOX 2038 Oklahoma City, OK 73101</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$35,457.24</b>
3.132	Nonpriority creditor's name and mailing address <b>OK STATE DEPT OF HEALTH ATTN FINANCIAL MGMT-RECEIPTING UNIT PO BOX 268823 Oklahoma City, OK 73126-8816</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$100.00</b>
3.133	Nonpriority creditor's name and mailing address <b>OKLAHOMA ASSOC OF HEALTH CARE 200 NE 28TH Oklahoma City, OK 73105</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,016.94</b>
3.134	Nonpriority creditor's name and mailing address <b>OKLAHOMA BLOOD INSTITUTE DEPT 96 0115 Oklahoma City, OK 73196-0115</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,335.00</b>
3.135	Nonpriority creditor's name and mailing address <b>OKLAHOMA DEPT OF LABOR 3017 N STILES SUITE 100 Oklahoma City, OK 73105</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$140.00</b>
3.136	Nonpriority creditor's name and mailing address <b>OKLAHOMA HOSPITAL ASSOCIATION DEPT 96 0298 Oklahoma City, OK 73196-0298</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,122.00</b>
3.137	Nonpriority creditor's name and mailing address <b>OKLAHOMA LABOR LAW POSTER SERV 5830 NW EXPRESSWAY NO. 211 Oklahoma City, OK 73132-5239</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$154.50</b>

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3.138	Nonpriority creditor's name and mailing address <b>OKLAHOMA NATURAL GAS</b> <b>ATTN DT O</b> <b>PO BOX 401</b> <b>Oklahoma City, OK 73101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$958.75</b>
3.139	Nonpriority creditor's name and mailing address <b>OLYMPUS AMERICA INC</b> <b>3500 CORPORATE PARKWAY</b> <b>Center Valley, PA 18034</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$225,213.88</b>
3.140	Nonpriority creditor's name and mailing address <b>OLYMPUS FINANCIAL SERVICE</b> <b>PO BOX 200183</b> <b>Pittsburgh, PA 15251-0183</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$151,957.46</b>
3.141	Nonpriority creditor's name and mailing address <b>OLYMPUS MEDICAL</b> <b>5900 FIRST SO</b> <b>Seattle, WA 98108</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$312.30</b>
3.142	Nonpriority creditor's name and mailing address <b>OPTIMUM ENERGY SOLUTIONS INC</b> <b>PO BOX 23678</b> <b>Oklahoma City, OK 73123</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,314.00</b>
3.143	Nonpriority creditor's name and mailing address <b>OPTUM</b> <b>PO BOX 88050</b> <b>Chicago, IL 60680-1050</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$432.95</b>
3.144	Nonpriority creditor's name and mailing address <b>OPTUMINSIGHT</b> <b>BOX 88227</b> <b>Milwaukee, WI 53288-0227</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$912.71</b>

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3.145	Nonpriority creditor's name and mailing address <b>ORTHO CLINICAL DIAGNOSTIC LOCK BOX 10 PO BOX 406663 Atlanta, GA 30384-6663</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,831.78</b>
3.146	Nonpriority creditor's name and mailing address <b>OWENS &amp; MINOR PO BOX 841420 Dallas, TX 75284-1420</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,303.46</b>
3.147	Nonpriority creditor's name and mailing address <b>OZARKA WATER 217 NORTH HIGH STREET Antlers, OK 74523</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$42.48</b>
3.148	Nonpriority creditor's name and mailing address <b>PACIFIC MEDICAL LLC REPAIRS AND EQUIPMENT 32981 CALLE PERFECTO San Juan Capistrano, CA 92675</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$444.99</b>
3.149	Nonpriority creditor's name and mailing address <b>PAGE PLUS 10222 E 41ST STREET Tulsa, OK 74146</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$213.89</b>
3.150	Nonpriority creditor's name and mailing address <b>PANSONIC NORTH AMERICA 1300 MICHEAL DRIVE SUITE A Wood Dale, IL 60191</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$175.00</b>
3.151	Nonpriority creditor's name and mailing address <b>PARTS SOURCE 777 LENA DRIVE Aurora, OH 44202</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,266.47</b>

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Name

3.152	Nonpriority creditor's name and mailing address <b>PENDERGRAPH SYSTEMS INC.</b> <b>6916 E 12TH STREET</b> <b>Tulsa, OK 74112</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,010.00</b>
3.153	Nonpriority creditor's name and mailing address <b>PHYSICIAN SALES &amp; SERVICES</b> <b>3125 N GREAT SOUTHWEST PARKWAY</b> <b>SUITE 200</b> <b>Grand Prairie, TX 75050</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,725.35</b>
3.154	Nonpriority creditor's name and mailing address <b>PRECISION DYNAMICS CORP</b> <b>4193 SOLUTIONS CENTER</b> <b>CHICAGO, IL 60677-4001</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$483.83</b>
3.155	Nonpriority creditor's name and mailing address <b>PRUETT'S CUT RATE PHARMACY</b> <b>906 E MAIN STREET</b> <b>ANTLERS, OK 74523</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$458.21</b>
3.156	Nonpriority creditor's name and mailing address <b>PRUETT'S FOOD STORE</b> <b>1002 E MAIN</b> <b>Antlers, OK 74523</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,881.89</b>
3.157	Nonpriority creditor's name and mailing address <b>PTR HEALTHCARE MANAGEMENT</b> <b>SOLUTIONS, LLC</b> <b>261 WEST HWY 3</b> <b>Atoka, OK 74525</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$139,679.68</b>
3.158	Nonpriority creditor's name and mailing address <b>PUBLIC SERVICE COMPANY OF</b> <b>OKLAHOMA</b> <b>PO BOX 24421</b> <b>Canton, OH 44701-4421</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,989.88</b>

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3.159	Nonpriority creditor's name and mailing address <b>PUSHMATAHA COUNTY CHAMBER OF COMMERCE</b> <b>PO BOX 25</b> <b>Atoka, OK 74525</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$240.00</b>
3.160	Nonpriority creditor's name and mailing address <b>PUSHMATAHA COUNTY HEALTH DEPT</b> <b>318 WEST MAIN STREET</b> <b>Antlers, OK 74523</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$100.00</b>
3.161	Nonpriority creditor's name and mailing address <b>PUSHMATAHA FAMILY MEDICAL</b> <b>1020 LAWSON BLVD</b> <b>Clayton, OK 74536</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18.40</b>
3.162	Nonpriority creditor's name and mailing address <b>PUSHMATAHA HOSPITAL</b> <b>510 E MAIN STREET</b> <b>Antlers, OK 74523</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$264.71</b>
3.163	Nonpriority creditor's name and mailing address <b>QUALITY RX CONSULTING</b> <b>PO BOX 1184</b> <b>Atoka, OK 74525</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,000.00</b>
3.164	Nonpriority creditor's name and mailing address <b>RELIANT MEDICAL SERVICES</b> <b>2620 W 15TH COURT</b> <b>Pompano Beach, FL 33069</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,073.43</b>
3.165	Nonpriority creditor's name and mailing address <b>RESOURCE ONE</b> <b>PO BOX 4830</b> <b>Tulsa, OK 74159-4830</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,408.00</b>

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Case number (if known) \_\_\_\_\_

Name

3.166	Nonpriority creditor's name and mailing address <b>RICHIE BLEVINS</b> <b>PO BOX 556</b> <b>Antlers, OK 74523</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$150.00</b>
3.167	Nonpriority creditor's name and mailing address <b>ROWLAND FLATT CLINIC</b> <b>603 NE 2ND STREET</b> <b>Antlers, OK 74523</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,464,415.03</b>
3.168	Nonpriority creditor's name and mailing address <b>SHRED IT</b> <b>PO BOX 731238</b> <b>Dallas, TX 75373-1238</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$748.14</b>
3.169	Nonpriority creditor's name and mailing address <b>SIMPLEX GRINNELL LP</b> <b>DEPT CH 10320</b> <b>Palatine, IL 60055-0320</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,955.64</b>
3.170	Nonpriority creditor's name and mailing address <b>SMITH MEDICAL EQUIPMENT INC</b> <b>2014 HIDDEN PARK ROAD</b> <b>FORT SMITH, AR 72916</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,886.00</b>
3.171	Nonpriority creditor's name and mailing address <b>SOUTHEASTERN EMERGENCY SERVICE</b> <b>1201 E JACKSON</b> <b>Hugo, OK 74743</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$270,000.00</b>
3.172	Nonpriority creditor's name and mailing address <b>SOUTHWEST TEST &amp; BALANCE</b> <b>200 NW 132ND STREET</b> <b>Oklahoma City, OK 73114</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,800.00</b>

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Name

3.173	Nonpriority creditor's name and mailing address <b>SPECTRON CORPORATION</b> <b>FOX PLAZA SUITE 650</b> <b>5416 SOUTH YALE</b> <b>Tulsa, OK 74135-6244</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,388.89</b>
3.174	Nonpriority creditor's name and mailing address <b>SSM HEALTHCARE OF OKLAHOMA INC</b> <b>7106 SOLUTION CENTER</b> <b>Chicago, IL 60677-7001</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,241.00</b>
3.175	Nonpriority creditor's name and mailing address <b>STAMPER PERRIN PLLC</b> <b>PO BOX 100</b> <b>Antlers, OK 74523</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$175.00</b>
3.176	Nonpriority creditor's name and mailing address <b>STAPLES ADVANTAGE</b> <b>PO BOX 71217</b> <b>Chicago, IL 60694-1217</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,136.58</b>
3.177	Nonpriority creditor's name and mailing address <b>STERICYCLE INC</b> <b>PO BOX 6575</b> <b>Carol Stream, IL 60197-6575</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,623.03</b>
3.178	Nonpriority creditor's name and mailing address <b>STRYKER ENDOSCOPY SUPPLIES</b> <b>STRYKER SALES CORPORATION</b> <b>PO BOX 93276</b> <b>Chicago, IL 60673</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$250.96</b>
3.179	Nonpriority creditor's name and mailing address <b>TEXASIA CORPORATION</b> <b>PO BOX 1443</b> <b>Atoka, OK 74525</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$132.07</b>

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3.180	Nonpriority creditor's name and mailing address <b>THE AUTO PARTS STORE</b> <b>118 EAST MAIN</b> <b>ANTLERS, OK 74523</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$430.90</b>
3.181	Nonpriority creditor's name and mailing address <b>THE DALLAS MARKETING GROUP</b> <b>12221 MERIT DRIVE</b> <b>SUITE 850</b> <b>Dallas, TX 75251</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,216.80</b>
3.182	Nonpriority creditor's name and mailing address <b>THE HARTFORD</b> <b>PO BOX 660916</b> <b>Dallas, TX 75266-0916</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$726.00</b>
3.183	Nonpriority creditor's name and mailing address <b>THE PHONE SPECIALIST</b> <b>24084 NCR 3387</b> <b>Stratford, OK 74872</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$325.00</b>
3.184	Nonpriority creditor's name and mailing address <b>TIPPS ELECTRICAL SERVICES</b> <b>PO BOX 237</b> <b>Antlers, OK 74523</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$335.70</b>
3.185	Nonpriority creditor's name and mailing address <b>TOUCHSTONE COMMUNICATIONS</b> <b>PO BOX 27772</b> <b>Newark, NJ 07101-7772</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$221.35</b>
3.186	Nonpriority creditor's name and mailing address <b>TRANE US INC</b> <b>PO BOX 845053</b> <b>Dallas, TX 75284-5053</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,430.29</b>

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3.187	Nonpriority creditor's name and mailing address <b>UNIVERSAL LICENSING SE</b> <b>4401 A CONNETICUT AVE NW</b> <b>NO 232</b> <b>Washington, DC 20008-2358</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$95.00</b>
3.188	Nonpriority creditor's name and mailing address <b>UPS</b> <b>SYNTER RESOURCE GROUP LLC</b> <b>PO BOX 63247</b> <b>North Charleston, SC 29419-3247</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$96.38</b>
3.189	Nonpriority creditor's name and mailing address <b>US ENDOSCOPY</b> <b>5976 HEISLEY ROAD</b> <b>Mentor, OH 44060</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$947.29</b>
3.190	Nonpriority creditor's name and mailing address <b>US FOODSERVICE</b> <b>OKLAHOMA DIVISION</b> <b>PO BOX 973118</b> <b>Dallas, TX 75397-3118</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,315.59</b>
3.191	Nonpriority creditor's name and mailing address <b>WELLS FARGO FINANCIAL LEASING</b> <b>PO BOX 6434</b> <b>Carol Stream, IL 60197-6434</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$538.74</b>
3.192	Nonpriority creditor's name and mailing address <b>WERFEN USA LLC</b> <b>PO BOX 347934</b> <b>Pittsburgh, PA 15251-4934</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$24,463.27</b>
3.193	Nonpriority creditor's name and mailing address <b>WINDSTREAM COMMUNICATIONS</b> <b>PO BOX 9001950</b> <b>Louisville, KY 40290-1950</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,003.34</b>

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3.194 Nonpriority creditor's name and mailing address

**ZEP MANUFACTURING COMPANY**  
**PO BOX 841508**  
**Dallas, TX 75284-1508**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Is the claim subject to offset? ☒ No ☐ Yes

**\$247.66**

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>ELI SARFATY</b> <b>1 NORTH SHERRI LANE</b> <b>Wesley Hills, NY 10977</b>	Line <u>3.2</u> <input type="checkbox"/> Not listed. Explain	—
4.2	<b>JASON MCCART</b> <b>101 PARK AVENUE</b> <b>SUITE 1010</b> <b>Oklahoma City, OK 73102</b>	Line <u>3.88</u> <input type="checkbox"/> Not listed. Explain	—
4.3	<b>JASON MCCART</b> <b>101 PARK AVENUE</b> <b>SUITE 1010</b> <b>Oklahoma City, OK 73102</b>	Line <u>3.99</u> <input type="checkbox"/> Not listed. Explain	—
4.4	<b>MARK R REENTS - SPECTRON CORP</b> <b>5416 S YALE AVE</b> <b>SUITE 600</b> <b>Tulsa, OK 74135</b>	Line <u>3.173</u> <input type="checkbox"/> Not listed. Explain	—
4.5	<b>REBECCA J PRICE</b> <b>515 HAMILTON STREET</b> <b>SUITE 502</b> <b>Allentown, PA 18101</b>	Line <u>3.139</u> <input type="checkbox"/> Not listed. Explain	—

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>0.00</u>
5b. +	\$ <u>3,690,907.66</u>
5c.	\$ <u>3,690,907.66</u>

**United States Bankruptcy Court  
Eastern District of Oklahoma**

In re **Pushmataha County - City of Antlers Hospital Authority**  
Debtor(s)

Case No. \_\_\_\_\_  
Chapter **9**

**VERIFICATION OF CREDITOR MATRIX**

I, the Chairman, Pushmataha County-City of Antlers Hosp. Authority of the Municipality named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **September 23, 2016**

**/s/ David Smith**  
**David Smith/Chairman, Pushmataha County-City of Antlers Hosp.**  
**Authority**  
Signer/Title

ADMINISTRATIVE CONSULTANT SERVICES LLC  
PO BOX 3368  
Shawnee, OK 74802

ADVANCED MOLECULAR DIAGNOSTICS  
535 EAST CRESENT AVENUE  
Ramsey, NJ 07446

AIRGAS USA LLC  
1 WEST CHOCTAW  
McAlester, OK 74501

ALBERT C WITT JR  
5275 LAWRENCE 1225  
Ash Grove, MO 65604

ALERE NORTH AMERICA INC  
PO BOX 846153  
Boston, MA 02284-6153

ALL PHASE BUSINESS INC  
1920 E GLADWICK STREET  
RANCHO DOMINQUEZ, CA 90220

ALLIANCE COMMUNICATION  
PO BOX 9090  
Tyler, TX 75711

ALLIANCE HEALTH  
1800 W UNIVERSITY BLVD  
Durant, OK 74701

ALLSTATE CANCER ACCIDENT  
PO BOX 650514  
Dallas, TX 75265

AMANDA BREWER  
575 E BLACKJACK  
Atoka, OK 74525

AMBU INC  
PO BOX 64118  
Baltimore, MD 21264-4118

AMERICAN ASSOCIATION OF BIOANA  
205 WEST LEVEE STREET  
Brownsville, TX 78520

AMERICAN HOSPITAL ASSOCIATION  
PO BOX 92247  
CHICAGO, IL 60675

AMN HEALTHCARE INC  
FILE 56157  
Los Angeles, CA 90074

ANESTHESIA SERVICES INC  
1821 N CLASSEN BLVD SUITE 100  
Oklahoma City, OK 73106

ANTHEM BLUE CROSS  
PO BOX 70000  
Van Nuys, CA 91470

ANTLERS AMERICA  
PO BOX 578  
Antlers, OK 74523

ANTLERS HARDWARE  
103 N HIGH ST  
Antlers, OK 74523

ANTLERS PHARMACY  
PO BOX 487  
Antlers, OK 74523

ANTLERS PUBLIC WORKS  
100 S E 2ND STREET  
Antlers, OK 74523

ANTLERS ROOF AND TRUST CO  
1010 N E 5TH STREET  
Antlers, OK 74523

ARMSTRONG MEDICAL INDUSTRIES  
575 KNIGHTBRIDGE PARKWAY  
Lincolnshire, IL 60069

ARROW MACHINERY CO  
121 MARTIN LUTHER KING AVE  
Oklahoma City, OK 73117

AT&T  
PO BOX 105068  
Atlanta, GA 30348

AT&T  
PO BOX 5001  
Carol Stream, IL 60197

AT&T  
PO BOX 105068  
Atlanta, GA 30348

AT&T  
PO BOX 5001  
Carol Stream, IL 60197

AT&T LONG DISTANCE  
PO BOX 5017  
Carol Stream, IL 60197

AT&T WIRELESS  
PO BOX 537104  
Atlanta, GA 30353-7104

ATCO INTERNATIONAL ATTN ACCT REC  
1401 BARCLAY CIRCLE, SE  
MARIETTA, GA 03006-0250

ATOKA COUNTY MEDICAL CENTER  
PO BOX 1107  
Atoka, OK 74525

AUREUS RADIOLOGY LLC  
PO BOX 3037  
Omaha, NE 68103

BANCFIRST  
501 E CARL ALBERT PKWY  
McAlester, OK 74501

BECKMAN COULTER INC  
DEPT CH 10164  
Palatine, IL 60055

BIO RAD LABORATORIES INC CLINICAL DIAG  
DEPT 9740  
Los Angeles, CA 90084

BIOMERIEUX VITEK INC  
PO BOX 500308  
Saint Louis, MO 63150

BKD LLP  
6120 S YALE AVE SUITE 1400  
Tulsa, OK 74136

BRENTS HEAT AND AIR  
HC 83 BOX 125  
Antlers, OK 74523

BRIGGS CORPORATION  
PO BOX 1355  
Des Moines, IA 50305

BRUMMITT AND ASSOCIATES INC  
4418 MONTECELLO PLACE  
Enid, OK 73703

BUDDYS PLUMBING APPLIANCE  
114 E MAIN STREET  
Antlers, OK 74523

BYTESPEED  
3131 24TH AVE S  
MOOREHEAD, MN 56560

C H WYATT JR  
309 S RANCHWOOD BLVD  
PO BOX 851220  
Yukon, OK 73085

C H WYATT JR  
309 S RANCHWOOD BLVD  
PO BOX 851220  
Yukon, OK 73085

CARDINAL HEALTH DALLAS DIVISION  
PO BOX 847384  
Dallas, TX 75284

CARE LEARNING  
6820 DEERPATH ROAD  
Elkridge, MD 21075

CAREFUSION  
25146 NETWORK PLACE  
Chicago, IL 60673-1250

CARESTREAM HEALTH INC  
DEPT CH 19286  
Palatine, IL 60055

CARQUEST AUTO PARTS  
604 EAST MAIN  
Antlers, OK 74523

CDW GOVERNMENT INC  
75 REMITTANCE DRIVE SUITE 1515  
Chicago, IL 60675

CECILIA SUTTERFIELD PERSONAL REP  
CO JON ED BROWN  
102 WEST JACKSON STREET  
Hugo, OK 74743

CENTERPOINT ENERGY SERVICES INC  
PO BOX 301149  
Dallas, TX 75303

CHARLOTTE MCANALLY  
155 N 4325 RD  
Hugo, OK 74743

CHEMSEARCH  
PO BOX 971269  
Dallas, TX 75397

CHOCTAW MEMORIAL HOSPITAL  
1405 EAST KIRK  
Hugo, OK 74743

CLIA LABORATORY PROGRAM  
PO BOX 530882  
Atlanta, GA 30353

CNA SURETY  
PO BOX 802876  
600, IL 60680

COBRA ONE  
1350 SOUTH BOULDER SUITE 300  
Tulsa, OK 74119

COMPLIANCE CONSULTANTS  
67 EARNHARDT CIRCLE  
Cabot, AR 72023

CONNER AND WINTERS LLP  
400 ONE WILLIAMS CENTER  
Tulsa, OK 74172

COOK MEDICAL INC  
22988 NETWORK PLACE  
Chicago, IL 60673

COOPER SURGICAL  
PO BOX 712280  
Cincinnati, OH 45271

CPSI  
6600 WALL STREET  
Mobile, AL 36695

CROWE AND DUNLEVY  
324 N ROBINSON AVE STE 100  
Oklahoma City, OK 73102

DANIEL O ROWLAND  
1201 E JACKSON  
Hugo, OK 74743

DANWELL COMPANIES  
PO BOX 5304  
Durant, OK 74702

DELTA DENTAL  
PO BOX 960020  
Oklahoma City, OK 73196

DEYTA  
7400 NEW LAGRANGE ROAD SUITE 200  
Louisville, KY 40222

DIAGNOSTIC IMAGING ASSOC  
4500 S GARNETT STE 919  
Tulsa, OK 74146

DIAGNOSTIC IMAGING ASSOCIATES INC  
PO BOX 973038  
Dallas, TX 75397

DIRECT SUPPLY  
BOX 88201  
Milwaukee, WI 53288

DJO LLC  
PO BOX 650777  
Dallas, TX 75265

DURANT ANESTHESIA ASSOC  
PO BOX 5125  
Durant, OK 74702

EDWARD SLOAN AND ASSOCIATES  
PO BOX 788  
Winnsboro, TX 75494

EDWIN FRENCH ELLIS  
PO BOX 277  
Antlers, OK 74523

ELECTRONIC DICTATION OF TULSA INC  
9717 E 42ND ST STE 142  
Tulsa, OK 74146

ELI SARFATY  
1 NORTH SHERRI LANE  
Wesley Hills, NY 10977

EMPLOYEES GROUP INSURANCE  
PO BOX 269022  
Oklahoma City, OK 73126

ESOLUTIONS INC CO BESSENDACHER COMM  
PO BOX 480108  
Kansas City, MO 64148

ESTATE OF PHILLIP CHAMBERS  
CO JON ED BROWN  
102 WEST JACKSON STREET  
Hugo, OK 74743

ESTES EXPRESS LINES  
PO BOX 25612  
Richmond, VA 23260

ETHEL M HAUGEN  
2128 N 14TH STREET 1  
BOX 267  
Ponca City, OK 74601

FARM BUREAU MUTUAL INSURANCE COMPANY  
BOX 53332  
Oklahoma City, OK 73152

FASTHEALTH CORPORATION  
1001 23RD AVE SUITE C  
Tuscaloosa, AL 35401

FEDEX  
PO BOX 660481  
Dallas, TX 75266

FIRST INSURANCE AN AFFILIATE OF FIRST BA  
PO BOX 960  
ATOKA, OK 74525

FIRSTBANK ANTLERS  
PO BOX 458  
Antlers, OK 74523

FIRSTBANK ANTLERS  
PO BOX 458  
Antlers, OK 74523

FIRSTBANK ATOKA  
701 S MISSISSIPPI  
Atoka, OK 74525

FISHER HEALTHCARE ACCT 5151710001  
PO BOX 404705  
Atlanta, GA 30384-4000

FIVE STAR OFFICE SUPPLY  
127 W MAIN  
Durant, OK 74701

GCX CORPORATION  
PO BOX 1410  
Suisun City, CA 94585

GE HEALTHCARE  
PO BOX 641419  
Pittsburgh, PA 15264

GE MEDICAL SYSTEMS  
PO BOX 843553  
Dallas, TX 75284

GE MEDICAL SYSTEMS  
5517 COLLECTIONS CENTER DR  
Chicago, IL 60693

GLOBAL EQUIPMENT CO  
PO BOX 905713  
Charlotte, NC 28290

GLOBAL GOVT ED SYX SERVICES  
PO BOX 442949  
Miami, FL 33144

GRIFFIN COMMUNICATIONS  
PO BOX 160  
Point, TX 75472

HEALTHCARE FIRST  
PO BOX 202975  
Dallas, TX 75320

HEALTHCARE LOGISTICS  
PO BOX 400  
Circleville, OH 43113

HEARTLAND PATHOLOGY CONSULTANT  
PO BOX 26343  
Oklahoma City, OK 73126

HILL ROM  
PO BOX 643592  
Pittsburgh, PA 15264

HMS HEALTH LLC  
740 SPIRIT 40 PARK DRIVE  
Chesterfield, MO 63005

HOSPIRA WORLDWIDE INC  
75 REMITTANCE DRIVE SUITE 6136  
Chicago, IL 60675

INTERBANK

INTERNAL REVENUE SERVICE  
PO BOX 37941  
Hartford, CT 06176-7941

IPFS CORPORATION  
PO BOX 730223  
Dallas, TX 75373-0223

JASON MARONEY  
PO BOX 175  
Finley, OK 74543

JASON MCCART  
101 PARK AVENUE  
SUITE 1010  
Oklahoma City, OK 73102

JASON MCCART  
101 PARK AVENUE  
SUITE 1010  
Oklahoma City, OK 73102

JETSCRIBE SOUTHEASTERN RADIO  
215 E CHOCTAW STE 103  
McAlester, OK 74501

JOHNSON & JOHNSON HEALTH CARE SYSTEMS  
5972 COLLECTIONS CTR DR  
Chicago, IL 60693

KANION JONES  
413 S DOK RD  
Lane, OK 74555

LABCORP  
PO BOX 12140  
Burlington, NC 27216-2140

LABORATORY SUPPLY CO  
1951 BISHOP LANE  
SUITE 300  
Louisville, KY 40218

LANDAUER INC  
PO BOX 809051  
Chicago, IL 60680-9051

LEGACY THERAPY  
RT 1 BOX 1330  
Antlers, OK 74523

MAILFINANCE  
25881 NETWORK PLACE  
Chicago, IL 60673-1258

MAINE STANDARDS  
765 ROOSEVELT TRAIL  
SUITE 9A  
Windham, ME 04062

MARK R REENTS - SPECTRON CORP  
5416 S YALE AVE  
SUITE 600  
Tulsa, OK 74135

MCALESTER NEWS CAPITAL  
PO BOX 987  
McAlester, OK 74502

MED TECH SOLUTIONS  
1116 S 129 EAST AVENUE  
Tulsa, OK 74108

MEDISCRIBES INC  
12806 TOWNEPARK WAY  
Louisville, KY 40243

MEDIVATORS INC  
14605 28TH AVENUE NORTH  
Minneapolis, MN 55447-4822

MEDLINE INDUSTRIES  
DEPT 1080  
PO BOX 121080  
Dallas, TX 75312-1080

METROPOLITAN TELECOMMUNICATION  
PO BOX 9660  
Manchester, NH 03108-9660

MICHAEL B EARLS & KRISTINA  
PO BOX 1033  
JENKS, OK 74137

MILLER OFFICE EQUIPMENT  
900 E WYANDOTTE  
McAlester, OK 74501

MINDRAY DS US INC  
ATTN ELLIOT SILVER  
190 SYLVAN AVENUE  
Englewood Cliffs, NJ 07632

MUTUAL OF OMAHA - POLICYHOLDER SERVICE  
PO BOX 2147  
Omaha, NE 68103-2147

MYHEALTH ACCESS NETWORK  
ATTN DENISE DENNIS  
16 E 16 STREET  
SUITE 405  
Tulsa, OK 74119

NATIONAL ASSOCIATION OF CPSI CLIENTS INC  
REESE BAKER  
520 WEST GUM STREET  
Marion, KY 42064

NATIONAL RESEARCH CORP  
PO BOX 809030  
Chicago, IL 60680-9030

NEOPOST USA INC  
25880 NETWORK PLACE  
Chicago, IL 60673-1258

NETWORK SERVICES COMPANY  
LOCKBOX 231805  
1805 MOMENTUM PLACE  
Chicago, IL 60689-5318

NUMED INC  
PO BOX 1098  
Denton, TX 76202

OFFICE EQUIPMENT CENTER  
PO BOX 1246  
Paris, TX 75461-1246

OHLIN SALES INC.  
6024 CULLIGAN WAY  
Minnetonka, MN 55345

OK EMPLOYMENT SECURITY COMMISSION  
PO BOX 52004  
Oklahoma City, OK 73152-2004

OK HEALTH CARE ASSOCIATION  
PREMIUM LOCK BOX  
PO BOX 2038  
Oklahoma City, OK 73101

OK STATE DEPT OF HEALTH  
ATTN FINANCIAL MGMT-RECEIPTING UNIT  
PO BOX 268823  
Oklahoma City, OK 73126-8816

OKLAHOMA ASSOC OF HEALTH CARE  
200 NE 28TH  
Oklahoma City, OK 73105

OKLAHOMA BLOOD INSTITUTE  
DEPT 96 0115  
Oklahoma City, OK 73196-0115

OKLAHOMA DEPT OF LABOR  
3017 N STILES SUITE 100  
Oklahoma City, OK 73105

OKLAHOMA HOSPITAL ASSOCIATION  
DEPT 96 0298  
Oklahoma City, OK 73196-0298

OKLAHOMA LABOR LAW POSTER SERV  
5830 NW EXPRESSWAY NO. 211  
Oklahoma City, OK 73132-5239

OKLAHOMA NATURAL GAS  
ATTN DT O  
PO BOX 401  
Oklahoma City, OK 73101

OLYMPUS AMERICA INC  
3500 CORPORATE PARKWAY  
Center Valley, PA 18034

OLYMPUS FINANCIAL SERVICE  
PO BOX 200183  
Pittsburgh, PA 15251-0183

OLYMPUS MEDICAL  
5900 FIRST SO  
Seattle, WA 98108

OPTIMUM ENERGY SOLUTIONS INC  
PO BOX 23678  
Oklahoma City, OK 73123

OPTUM  
PO BOX 88050  
Chicago, IL 60680-1050

OPTUMINSIGHT  
BOX 88227  
Milwaukee, WI 53288-0227

ORTHO CLINICAL DIAGNOSTIC  
LOCK BOX 10  
PO BOX 406663  
Atlanta, GA 30384-6663

OWENS & MINOR  
PO BOX 841420  
Dallas, TX 75284-1420

OZARKA WATER  
217 NORTH HIGH STREET  
Antlers, OK 74523

PACIFIC MEDICAL LLC  
REPAIRS AND EQUIPMENT  
32981 CALLE PERFECTO  
San Juan Capistrano, CA 92675

PAGE PLUS  
10222 E 41ST STREET  
Tulsa, OK 74146

PANSONIC NORTH AMERICA  
1300 MICHEAL DRIVE  
SUITE A  
Wood Dale, IL 60191

PARTS SOURCE  
777 LENA DRIVE  
Aurora, OH 44202

PENDERGRAPH SYSTEMS INC.  
6916 E 12TH STREET  
Tulsa, OK 74112

PHYSICIAN SALES & SERVICES  
3125 N GREAT SOUTHWEST PARKWAY  
SUITE 200  
Grand Prairie, TX 75050

PRECISION DYNAMICS CORP  
4193 SOLUTIONS CENTER  
CHICAGO, IL 60677-4001

PRUETT'S CUT RATE PHARMACY  
906 E MAIN STREET  
ANTLERS, OK 74523

PRUETT'S FOOD STORE  
1002 E MAIN  
Antlers, OK 74523

PTR HEALTHCARE MANAGEMENT SOLUTIONS, LLC  
261 WEST HWY 3  
Atoka, OK 74525

PUBLIC SERVICE COMPANY OF OKLAHOMA  
PO BOX 24421  
Canton, OH 44701-4421

PUSHMATAHA COUNTY CHAMBER OF COMMERCE  
PO BOX 25  
Atoka, OK 74525

PUSHMATAHA COUNTY HEALTH DEPT  
318 WEST MAIN STREET  
Antlers, OK 74523

PUSHMATAHA FAMILY MEDICAL  
1020 LAWSON BLVD  
Clayton, OK 74536

PUSHMATAHA HOSPITAL  
510 E MAIN STREET  
Antlers, OK 74523

QUALITY RX CONSULTING  
PO BOX 1184  
Atoka, OK 74525

REBECCA J PRICE  
515 HAMILTON STREET  
SUITE 502  
Allentown, PA 18101

RELIANT MEDICAL SERVICES  
2620 W 15TH COURT  
Pompano Beach, FL 33069

RESOURCE ONE  
PO BOX 4830  
Tulsa, OK 74159-4830

RICHIE BLEVINS  
PO BOX 556  
Antlers, OK 74523

ROBERT LUTTRELL III  
211 N ROBINSON  
SUITE 1000  
TWO LEADERSHIP SQUARE 10TH FLOOR  
Oklahoma City, OK 73102

ROBERT LUTTRELL III  
211 N ROBINSON  
SUITE 1000  
TWO LEADERSHIP SQUARE 10TH FLOOR  
Oklahoma City, OK 73102

ROWLAND FLATT CLINIC  
603 NE 2ND STREET  
Antlers, OK 74523

SHRED IT  
PO BOX 731238  
Dallas, TX 75373-1238

SIMPLEX GRINNELL LP  
DEPT CH 10320  
Palatine, IL 60055-0320

SMITH MEDICAL EQUIPMENT INC  
2014 HIDDEN PARK ROAD  
FORT SMITH, AR 72916

SOUTHEASTERN EMERGENCY SERVICE  
1201 E JACKSON  
Hugo, OK 74743

SOUTHWEST TEST & BALANCE  
200 NW 132ND STREET  
Oklahoma City, OK 73114

SPECTRON CORPORATION  
FOX PLAZA SUITE 650  
5416 SOUTH YALE  
Tulsa, OK 74135-6244

SSM HEALTHCARE OF OKLAHOMA INC  
7106 SOLUTION CENTER  
Chicago, IL 60677-7001

STAMPER PERRIN PLLC  
PO BOX 100  
Antlers, OK 74523

STAPLES ADVANTAGE  
PO BOX 71217  
Chicago, IL 60694-1217

STERICYCLE INC  
PO BOX 6575  
Carol Stream, IL 60197-6575

STRYKER ENDOSCOPY SUPPLIES  
STRYKER SALES CORPORATION  
PO BOX 93276  
Chicago, IL 60673

TEXASIA CORPORATION  
PO BOX 1443  
Atoka, OK 74525

THE AUTO PARTS STORE  
118 EAST MAIN  
ANTLERS, OK 74523

THE DALLAS MARKETING GROUP  
12221 MERIT DRIVE  
SUITE 850  
Dallas, TX 75251

THE HARTFORD  
PO BOX 660916  
Dallas, TX 75266-0916

THE PHONE SPECIALIST  
24084 NCR 3387  
Stratford, OK 74872

TIPPS ELECTRICAL SERVICES  
PO BOX 237  
Antlers, OK 74523

TOUCHSTONE COMMUNICATIONS  
PO BOX 27772  
Newark, NJ 07101-7772

TRANE US INC  
PO BOX 845053  
Dallas, TX 75284-5053

UNIVERSAL LICENSING SE  
4401 A CONNETICUT AVE NW  
NO 232  
Washington, DC 20008-2358

UPS  
SYNTER RESOURCE GROUP LLC  
PO BOX 63247  
North Charleston, SC 29419-3247

US ENDOSCOPY  
5976 HEISLEY ROAD  
Mentor, OH 44060

US FOODSERVICE  
OKLAHOMA DIVISION  
PO BOX 973118  
Dallas, TX 75397-3118

USDA

WELLS FARGO FINANCIAL LEASING  
PO BOX 6434  
Carol Stream, IL 60197-6434

WERFEN USA LLC  
PO BOX 347934  
Pittsburgh, PA 15251-4934

WINDSTREAM COMMUNICATIONS  
PO BOX 9001950  
Louisville, KY 40290-1950

ZEP MANUFACTURING COMPANY  
PO BOX 841508  
Dallas, TX 75284-1508